

Receiving State Compact Administrator retains one (1) copy and forwards two (2) copies to the receiving agency.

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

TO: (Name and Address of Compact Administrator in Receiving State)		FROM: (Name, Address and Telephone Number of Sending Agency or Person)	
IDENTIFYING INFORMATION			
Child's Name:		BIRTHDATE	CA ICPC #
Mother's Name:		Father's Name:	
Name of Placement Resource:			
PLACEMENT STATUS			
<input type="checkbox"/> Placement Request Withdrawn:		Date:	
<input type="checkbox"/> Initial Placement With:		Date:	
Name:			
Address:			
Type of Care:			
<input type="checkbox"/> Placement Change:		Date:	
<input type="checkbox"/> Name:			
<input type="checkbox"/> Address:			
<input type="checkbox"/> Type of Care:			
COMPACT TERMINATION			
Reason:			
<input type="checkbox"/> Adoption Finalized		<input type="checkbox"/> In Sending State	
		<input type="checkbox"/> In Receiving State	
<input type="checkbox"/> Child Reached Majority/Legally Emancipated			
<input type="checkbox"/> Legal Custody and/or Guardianship Awarded and/or Returned to:			
Name:		Relationship:	
<input type="checkbox"/> Treatment Completed			
<input type="checkbox"/> Sending State's Jurisdiction Terminated with Concurrence of the Receiving State			
<input type="checkbox"/> Child Returned to Sending State			
<input type="checkbox"/> Approved Resource Will Not Be Used For Placement			
<input type="checkbox"/> Other (Specify):			
Date of Termination:			
SIGNATURES:		DATE SIGNED:	
Sending Agency or Person:			